

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Haynie Randy K.  
Last First MI2. BUSINESS PHONE 225-336-41433. BUSINESS ADDRESS 1465 Ted Dunham Avenue, Baton Rouge, LA 70802  
Street and No. City State ZipMAILING ADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804  
Street and No. City State Zip4. EMPLOYER Haynie & Associates (self)5. EMPLOYER'S ADDRESS Same as above  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Education Networks of AmericaAddress 1101 McGavock Street, Nashville, TN 37203Business or purpose Computer Systems☒ New Representation  
Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_**FOR OFFICE USE ONLY**Postmark Date: 09/09/04

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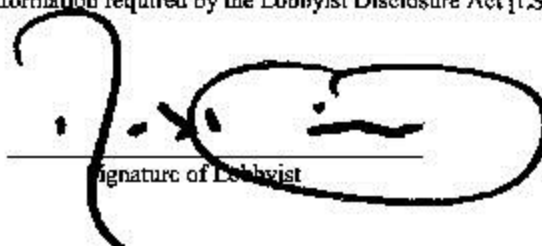


SUPPLEMENTAL REGISTRATION FORM

2. Name King, Bossier, Nosacka & Holley, Inc.  
Address 700 North 10th Street, Annex Building, Baton Rouge, LA 70802  
Business or purpose Financial Services  
☒ New Representation  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
3. Name LA Society of Anesthesiologists  
Address 5114 Lost Oak, Baton Rouge, LA 70817  
Business or purpose Anesthesiology  
☒ New Representation  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist